



**ConnectGroups**  
helping support groups & individuals

## MEMBERSHIP REGISTRATION/ UPDATE FORM

No Fee Payable - ABN: 23 041 552 831

### Registration Details (Please tick appropriate box)

- Affiliate Member** - Support Groups Only
- Associate Member** - Individual, Service Provider, Community Organisation, Educational Institution
- Corporate Member** - Professional, Commercial, Corporate, Government Department

How did you hear about ConnectGroups (previously WISH)?: \_\_\_\_\_

\_\_\_\_\_

Name of Group / Organisation/Individual: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Address to be published in the ConnectGroups Online Directory (if different): \_\_\_\_\_

\_\_\_\_\_

**Please tick this box if you would like to use the ConnectGroups PO Box as your 'Directory' address**

Office or Group Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Available: \_\_\_\_\_

Office or Group Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Available: \_\_\_\_\_

Office or Group Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Available: \_\_\_\_\_

(If there are more than two contacts for your group please attach a separate sheet listing names, telephone numbers and hours available)

Fax.: \_\_\_\_\_ Freecall: \_\_\_\_\_ TTY: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Description of the group/organisation's services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SERVICES: - Please **tick** which **service/s** your group provides:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 24 Hour Services              | <input type="checkbox"/> Advocacy                                   | <input type="checkbox"/> Audio Visual Material   |
| <input type="checkbox"/> Brochures/Posters             | <input type="checkbox"/> Clinical Services                          | <input type="checkbox"/> Counselling             |
| <input type="checkbox"/> Educational Services          | <input type="checkbox"/> Facilities for Non-English Speaking People |  |
| <input type="checkbox"/> Free Advice                   | <input type="checkbox"/> Group Meetings                             | <input type="checkbox"/> Home Visits             |
| <input type="checkbox"/> Information Services          | <input type="checkbox"/> Legal Information                          | <input type="checkbox"/> Liaison With Govt Depts |
| <input type="checkbox"/> Library Resources             | <input type="checkbox"/> Newsletter                                 | <input type="checkbox"/> Professional Services   |
| <input type="checkbox"/> Rehabilitation                | <input type="checkbox"/> Research                                   |  |
| <input type="checkbox"/> Self Help/Support/Fellowship  | <input type="checkbox"/> Training Workshops/Seminars                |  |
| <input type="checkbox"/> Other (Please describe) _____ |   |  |

SUBJECT INDEX:- Please **tick** the subject **box/es** that are most relevant to your group:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 24 Hour Services      | <input type="checkbox"/> Aboriginal                    | <input type="checkbox"/> Abuse/DV/Sexual Assault |
| <input type="checkbox"/> Accommodation/Housing | <input type="checkbox"/> Addictions                    | <input type="checkbox"/> Adoption/Fostering      |
| <input type="checkbox"/> Aged/Senior           | <input type="checkbox"/> Carer Support                 | <input type="checkbox"/> Children                |
| <input type="checkbox"/> Community Centre      | <input type="checkbox"/> Consumer Groups/Organisations | <input type="checkbox"/> Counselling             |
| <input type="checkbox"/> Disability            | <input type="checkbox"/> Education/Training            | <input type="checkbox"/> Employment              |
| <input type="checkbox"/> Environment           | <input type="checkbox"/> CALD/Ethnic/Migrant           | <input type="checkbox"/> Family/Community Groups |
| <input type="checkbox"/> Government            | <input type="checkbox"/> Grief/Loss                    | <input type="checkbox"/> Health - Children's     |
| <input type="checkbox"/> Health - General      | <input type="checkbox"/> Health - Men's                | <input type="checkbox"/> Health - Mental         |
| <input type="checkbox"/> Health - Women's      | <input type="checkbox"/> Information Services          | <input type="checkbox"/> Legal                   |
| <input type="checkbox"/> Mediation             | <input type="checkbox"/> Men                           | <input type="checkbox"/> Online Services         |
| <input type="checkbox"/> Personal Growth       | <input type="checkbox"/> Sexuality                     | <input type="checkbox"/> Social Action           |
| <input type="checkbox"/> Syndromes             | <input type="checkbox"/> Trauma                        | <input type="checkbox"/> Volunteerism            |
| <input type="checkbox"/> Women                 | <input type="checkbox"/> Youth                         |  |

Form Completed by: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRIVACY POLICY: ConnectGroups- Support Groups Association WA Inc. uses your information for internal purposes only. We place paramount importance on protecting your privacy and will not sell your information or share it with others without your express permission.

**Phone for enquiries: (08) 9228 4488. Please return this form to ConnectGroups:**

**By post: PO BOX 8140 Perth Business Centre WA 6849 or fax: (08) 9228 4490**

FOR OFFICE USE ONLY

M'SHIP NO: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

DATE RECEIVED/RENEWED: \_\_\_\_\_

NEW

RENEWAL

DATABASE AMENDED

UPDATED BY (SIGNATURE): \_\_\_\_\_

DATE UPDATED: \_\_\_\_\_

SUPPORT GROUP

INDIVIDUAL

SERVICE PROVIDER

COMMUNITY ORGANISATION

EDUCATIONAL INSTITUTE

PROFESSIONAL

COMMERCIAL / CORPORATE

GOVERNMENT

DEPARTMENT